

# Foster Family Home - Corrective Action Report

Provider ID: 1-100063

Home Name: Simplicia Ventura, CNA

Review ID: 1-100063-6

94-1122 Hoomakoa Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 5/3/2019

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 5/3/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/3/19.

6.(d)(1) - see applicable sections of the review

## Foster Family Home Personnel and Staffing [11-800-41]


41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

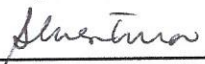
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) - No current TB clearance for CG #2.

41.(b)(8) - No current CPR, First Aid, and Blood Borne Pathogen certification for CG #2.

  
Compliance Manager

  
Primary Care Giver

5/3/19  
Date

5-3-19  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: SIMPLICIA VENTURA  
CCFFH Address: 941122 HOLIMAKUA ST,  
WAIPAHU, HI: 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(1) 41(b)(2)	I received a current TB clearance CPR, First Aid and Blood Borne Pathogen Certificate from CG#2 and placed in my CCFFH binder	5-31-19	I made a list of all items (CPR, TB) with their expiration dates for all CG's and placed in the front of my CCFFH binder I will receive every month

Primary Caregiver's Signature: *Simplicia*

Print Name: SIMPLICIA L. VENTURA

Date of Signature: 6-2-19